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APPLICANTS

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** CONTINUING DATA *** None ***

** FOREIGN APPLICATIONS *** None ***

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance NN Initials	STATE OR COUNTRY MN	SHEETS DRAWINGS 2	TOTAL CLAIMS -16 20	INDEPENDENT CLAIMS -4- 3
Verified and Acknowledged /NGA B NGUYEN/ Examiner's Signature						

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TITLE

INCIDENT REPORTING SYSTEM AND METHOD

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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